

# ONOTA TOWNSHIP EMPLOYEE REIMBURSEMENT FORM

Name \_\_\_\_\_

Position \_\_\_\_\_

MILEAGE REIMBURSEMENT			
TRAVEL DATE	DESTINATION	PURPOSE	# OF MILES (TO + FROM)

<p style="text-align: center;"><b>PURCHASE REIMBURSEMENT</b> (attach <u>original</u> receipts &amp; invoices)</p> <p>Costs (list receipts separately): _____</p> <p>_____</p> <p>_____</p> <p>Dept/office purchased for: _____</p>	<p>TOTAL MILES: _____ (2021 rate)                  × \$ 0.56</p> <p style="text-align: right;">= _____</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: center;"><b>EMPLOYEE SIGNATURE</b></p> <p style="text-align: center;">X _____</p> <p>Date: _____</p>
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*If you have questions about this form, please contact the Onota Township Clerk (onotatwp@tds.net).*

OFFICE USE ONLY	
Acct #: _____	Cost: _____
Acct #: _____	Cost: _____
Acct #: _____	Cost: _____
Acct #: _____	Cost: _____
Fund: <input type="checkbox"/> General <input type="checkbox"/> Fire <input type="checkbox"/> Waste	Total: _____